

Exhibit A

to SPC Litigation Trustee's Objection to Claim Number 425 of
the Buckeye Conservancy

Proof of Claim No. 425

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF TEXAS CORPUS CHRISTI DIVISION		Chapter 11 PROOF OF CLAIM		This Space Is For Court Use Only General Bar Date Deadline - 5:00 P.M. Prevailing Eastern Time, July 17, 2007	
Name of Debtor Against Which You Assert Your Claim (check only ONE box - If you have a claim against more than one of the Debtors, you must file a separate proof of claim against each Debtor)			Your Claim is Scheduled As Follows		
<input type="checkbox"/> SCOTIA DEVELOPMENT LLC - Case No. 07-20027-C-11 <input checked="" type="checkbox"/> THE PACIFIC LUMBER COMPANY - Case No. 07-20028-C-11 <input type="checkbox"/> BRITT LUMBER CO., INC. - Case No. 07-20029-C-11 <input type="checkbox"/> SALMON CREEK LLC - Case No. 07-20030-C-11 <input type="checkbox"/> SCOTIA INN INC. - Case No. 07-20031-C-11 <input type="checkbox"/> SCOTIA PACIFIC COMPANY LLC - Case No. 07-20032-C-11			Debtor SCOTIA PACIFIC COMPANY, LLC Classification Unsecured Non-Priority Claim Scheduled Amount \$137500 \$4706.74		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.					
A Name and Address of Creditor (The person or entity to whom the debtor owes money or property)		707-822-3124 Telephone Number of Creditor		DEBTOR SCOTIA DEVELOPMENT, LLC FILED U.S.B.C.S.D. - TX CASE NO. 07-20027 THRU 07-20032 CLAIM NO.: 425	
Creditor ID SCO-261-B1-01 BUCKEYE CONSERVANCY ATTN: JOHANNA RODONI PO BOX 5607 EUREKA CA 95502		Fax Number of Creditor (If your address has changed or is incorrect as it appears in Item A, please provide corrections)			
B Name and address of person to whom notices must be served, if different from above (Check box if) <input type="checkbox"/> replaces address above <input type="checkbox"/> additional address		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.		If an amount is identified above, you have a claim scheduled by the Debtor as shown. If you agree with the amount and classification of your claim as scheduled by the identified Debtor and you have no other claims against any of the Debtors, you do not need to file this proof of claim EXCEPT AS FOLLOWS: If the amount shown is listed above as DISPUTED, UNLIQUIDATED OR CONTINGENT, a proof of claim MUST be filed in order for you to receive any distribution on account of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not refile your claim.	
Name _____ Company/Firm _____ Address _____ Phone _____ Fax _____		Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1 Basis For Claim					
<input type="checkbox"/> Goods sold to debtor(s) <input checked="" type="checkbox"/> Services performed for debtor(s) <input type="checkbox"/> Goods purchased from debtor(s) <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/property damage <input type="checkbox"/> Other _____					
<input type="checkbox"/> Taxes <input type="checkbox"/> Severance agreement <input type="checkbox"/> Refund <input type="checkbox"/> Real property lease <input type="checkbox"/> Personal property lease <input type="checkbox"/> Other contract _____					
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of SS# _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
2 Date debt was incurred:			3 If court judgment, date obtained		
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case was filed. See reverse side for important explanations.					
Unsecured Nonpriority Claim \$ 4706.74					
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.					
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000), *earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)					
Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.					
5 Total Amount of Claim at Time Case Filed \$ 4706.74 (unsecured) (secured) (priority) (Total)					
<input type="checkbox"/> Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			This Space Is For Court Use Only		
7 Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
8 Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed return envelope and copy of this proof of claim.					
Date 7/9/07		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) and receive notice. Print Johanna Rodoni Title Exec. Director Signature Johanna Rodoni			

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2007 JUL 13 PM 1:04
LOGAN & COMPANY, INC.

The Buckeye Conservancy

*Preserving open space through family stewardship
of natural resources In Humboldt County.*

**COPY INVOICE**

P.O. Box 5607
Eureka, CA 95502
Phone 707-786-9662 Fax 707-786-9680

DATE: June 26, 2007

Bill To:
PALCO
The Pacific Lumber Company
P.O. Box 37
Scotia, CA 95565

RE: Elk River Feasability Study

DESCRIPTION	AMOUNT
The Henderson Group – consultation work – Inv. # 119– 12/2/2006 – past due	1325 00
The Henderson Group – consultation work – Inv. # 129 – 1/22/2007	420.00
The Buckeye Conservancy – 10% of project cost from 9/6/2005-1/17/2007 based on agreement.	2961.74
TOTAL	\$4706.74

Make all checks payable to **The Buckeye Conservancy**
If you have any questions concerning this invoice, contact:
Johanna Rodoni, Executive Director @ 786-9662 or email buckeye@humboldt1.com